

ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 FAIR OAKS LANE, 2ND FLOOR
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716

Surety Bond for Corrective Action Form DEP 6053-M (11/08)

GENERAL INFORMATION

- 1. ASSISTANCE Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.
- 2. SUBMISSION Please type or print legibly in permanent ink. Submit the original of the completed form to the Division of Waste Management at the address listed above. The document must be free of errors.



Application Number:

Permit Number:

Permittee:

Permittee Address:

KNOW ALL PERSONS BY THESE PRESENTS,

that the undersigned, as Surety for the Principal, , is held and firmly bound unto the Commonwealth of Kentucky, Energy and Environment Cabinet, in the penal sum of dollars (\$) by the submission of this surety bond. The penal sum is to assure performance of the groundwater corrective action plan pursuant to 401 KAR 48:300 and all applicable laws, rules, and regulations to remediate groundwater contamination at the Principal's site, , located in County of the Commonwealth of Kentucky.

Furthermore, it is understood that the obligations under this surety bond extend to environmental degradation, including groundwater contamination, occurring off the permitted area but proximately resulting from the construction, operation, or closure of the solid waste site or facility.

If the Principal faithfully performs all the requirements of the above designated application, the corrective action plan, the terms of its permit, the attached performance bond*; and all applicable laws, regulations, and rules, said penal amount shall be released, otherwise it is agreed that the undersigned, , as Surety, shall pay said penal sum to the Commonwealth of Kentucky, Energy and Environment Cabinet, upon receipt of a Demand Letter.

This Surety Bond shall be governed by and interpreted in accordance with the laws of the Commonwealth of Kentucky. Litigation concerning this Surety Bond shall be taken to the Franklin Circuit Court, Commonwealth of Kentucky.



Surety:					
Surety Address:					
Local Agency Issuing Bond:					
Local Agency Address:					
Signature: Type or print name: Official Position:					
			Date:		
			Subscribed and sworn to before	me by	
this the	day of	, 20			
Notary Public, State-at-Large					
My commission expires the	day of	, 20			
NOTE THE					

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NOTE: The person who signs for a surety company shall file with the bond a copy of the Power of Attorney showing authority to sign.

*A copy of the executed performance bond for corrective action by the principal shall be attached to this form.

